



**LATITUDE**  
Telcom Consultants LLC

4 Tower Place, 2<sup>nd</sup> Floor  
Albany, New York 12203

**REDACTED - FOR PUBLIC INSPECTION**

**VIA ECFS**

June 27, 2017

Marlene H. Dortch, Secretary  
Federal Communications Commission  
Office of the Secretary  
445 12<sup>th</sup> Street, S.W.  
Washington, D.C. 20554

**Re: FCC Form 481 – Carrier Annual Reporting Data Collection  
WC Docket No. 14-58  
State Telephone Company (SAC: 150125)**

Dear Secretary Dortch:

On behalf of State Telephone Company, Latitude Telcom Consultants LLC hereby files a redacted version of the company's FCC Form 481 Carrier Annual Reporting Data Collection, as required by 47 C.F.R. § 54.313 and 54.422 of the Commission's rules.

Confidential responses regarding 47 C.F.R. §54.313(f)(2) financial information are being filed separately under the Protective Order adopted in this proceeding.

The FCC Form 481 has been submitted to USAC via its e-file system and a copy of the submission is also being provided to the state commission. Please contact me at (518) 443-2802, or [jerryl@latitude-LLC.com](mailto:jerryl@latitude-LLC.com), if you have any questions regarding this filing.

Sincerely,

/S/ Jerry Legg

Jerry Legg  
Latitude Telcom Consultants LLC

**FCC Form 481 - Carrier Annual Reporting  
Data Collection Form**FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	150125
<015>	Study Area Name	STATE TEL CO
<020>	Program Year	2018
<030>	Contact Name: Person USAC should contact with questions about this data	Jerry Legg
<035>	Contact Telephone Number: Number of the person identified in data line <030>	5184432802 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	jerryl@latitude-llc.com
	Form Type	54.313 and 54.422

<010>	Study Area Code	150125
<015>	Study Area Name	STATE TEL CO
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jerry Legg
<035>	Contact Telephone Number - Number of person identified in data line <030>	5184432802 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jerryl@latitude-llc.com

<210> For the prior calendar year, were there any reportable voice service outages? No

Page 2

**(300) Unfulfilled Service Request  
Data Collection Form**FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	150125
<015>	Study Area Name	STATE TEL CO
<020>	Program Year	2018
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<039>	Contact Email Address - Email Address of person identified in data line <030>	jerryl@latitude-llc.com

&lt;300&gt; Unfulfilled service request (voice)

0

&lt;310&gt; Detail on attempts (voice)

Name of Attached Document

&lt;320&gt; Unfulfilled service request (broadband)

0

&lt;330&gt; Detail on attempts (broadband)

Name of Attached Document

<010>	Study Area Code	150125
<015>	Study Area Name	STATE TEL CO
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jerry Legg
<035>	Contact Telephone Number - Number of person identified in data line <030>	5184432802 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jerry1@latitude-llc.com
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize. Offered only fixed voice	
<410>	Complaints per 1000 customers for fixed voice	0 . 0
<420>	Complaints per 1000 customers for mobile voice	
<430>	Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize. Offered only fixed broadband	
<440>	Complaints per 1000 customers for fixed broadband	0 . 0
<450>	Complaints per 1000 customers for mobile broadband	

<010>	Study Area Code	150125
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<035>	Contact Telephone Number - Number of person identified in data line <030>	5184432802 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jerry1@latitude-llc.com
<500>	Certify compliance with applicable service quality standards and consumer protection rules	Yes
150125ny510 .pdf		
<510>	Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance	
<515>	Certify compliance with applicable minimum service standards	

<b>(600) Functionality in Emergency Situations</b>		FCC Form 481
<b>Data Collection Form</b>		OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013

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<035>	Contact Telephone Number - Number of person identified in data line <030>	5184432802 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jerryl@latitude-llc.com
<600>	Certify compliance regarding ability to function in emergency situations	Yes
<610>	Descriptive document for Functionality in Emergency Situations	150125ny610.pdf





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<015>	Study Area Name	STATE TEL CO
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jerry Legg
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<039>	Contact Email Address - Email Address of person identified in data line <030>	jerry1@latitude-llc.com

-- See attached worksheet --

**(800) Operating Companies  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	jerry1@latitude-llc.com
<810>	Reporting Carrier	State Telephone Company
<811>	Holding Company	State Telephone Company, Inc.
<812>	Operating Company	State Telephone Company

[illegible]

**(900) Tribal Lands Reporting  
Data Collection Form**

 FCC Form 481  
 OMB Control No. 3060-0986/OMB Control No. 3060-0819  
 July 2013

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&lt;900&gt; Does the filing entity offer tribal land services? (Y/N) No

&lt;910&gt; Tribal Land(s) on which ETC Serves

&lt;920&gt; Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not Applicable

**(1000) Voice and Broadband Service Rate Comparability  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	jerry1@latitude-llc.com

<1000> Voice services rate comparability certification Yes

<1010> Attach detailed description for voice services rate comparability compliance 150125ny1010.pdf

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Name of Attached Document

<1020> Broadband comparability certification Yes - Pricing is no more than the most recent applicable benchmark announced by the Wireline Competition Bureau

<1030> Attach detailed description for broadband comparability compliance 150125ny1030.pdf

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Name of Attached Document

**(1100) No Terrestrial Backhaul Reporting  
Data Collection Form**

 FCC Form 481  
 OMB Control No. 3060-0986/OMB Control No. 3060-0819  
 July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	jerry1@latitude-llc.com

&lt;1100&gt; Certify whether terrestrial backhaul options exist (Y/N)

&lt;1130&gt; Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

**(1200) Terms and Condition for Lifeline Customers**  
**Lifeline**  
**Data Collection Form**

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<039>	Contact Email Address - Email Address of person identified in data line <030>	jerry1@latitude-llc.com

150125ny1210.pdf

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒
- <1222> Details on the number of minutes provided as part of the plan, ☒
- <1223> Additional charges for toll calls, and rates for each such plan. ☒

**(2005) Price Cap Carrier Additional Documentation**

FCC Form 481

**Data Collection Form**

OMB Control No. 3060-0986/OMB Control No. 3060-0819

*Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

July 2013

<010>	Study Area Code	150125
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<030>	Contact Name - Person USAC should contact regarding this data	Jerry Legg
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<039>	Contact Email Address - Email Address of person identified in data line <030>	jerry1@latitude-11c.com

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

**Incremental Connect America Phase I reporting**

<p>&lt;2011&gt; 3rd Year Certification 47 CFR §54.313(b)(1)(ii) - Note that for the July 2017 certification, this applies to Round 2 recipients of Incremental Support.</p> <p>&lt;2022&gt; Recipient certifies, representing year three after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only.</p> <p>&lt;2023&gt; The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year three - 54.313(b)(2)(ii). Round 2 recipients only.</p> <p>&lt;2024A&gt; Round 2 Recipient of Incremental Support?</p> <p>&lt;2024B&gt; Attach list of census blocks indicating where funding was spent in year three - 54.313(b)(2)(ii). Round 2 recipients only.</p> <p>&lt;2025A&gt; Round 2 Recipient of Incremental Support?</p> <p>&lt;2025B&gt; Attach geocoded Information for Phase I milestone reports (Round 2 for year three) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-73, paragraph 35 (May 22, 2013).</p> <p>&lt;2015&gt; 2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)</p>	<div style="border: 1px solid black; height: 20px; width: 100px; margin-bottom: 10px;"></div> <div style="border: 1px solid black; height: 20px; width: 100px; margin-bottom: 10px;"></div> <div style="border: 1px solid black; height: 20px; width: 100px; margin-bottom: 10px;"></div> <div style="border: 1px solid black; height: 20px; width: 100px; margin-bottom: 10px;"></div> <div style="border: 1px solid black; height: 20px; width: 100px; margin-bottom: 10px;"></div> <div style="border: 1px solid black; height: 20px; width: 100px; margin-bottom: 10px;"></div>	<p>Name of Attached Document Listing Required Information</p> <div style="border: 1px solid black; height: 60px; width: 100%; margin-top: 10px;"></div> <p>Name of Attached Document Listing Required Information</p> <div style="border: 1px solid black; height: 60px; width: 100%; margin-top: 10px;"></div> <div style="border: 1px solid black; height: 20px; width: 100px; margin-top: 10px;"></div>
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**(2005) Price Cap Carrier Additional Documentation**

FCC Form 481

**Data Collection Form**

OMB Control No. 3060-0986/OMB Control No. 3060-0819

*Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

July 2013

**Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}**

&lt;2016&gt; Certification support used to build broadband

**Connect America Phase II Reporting {47 CFR § 54.313(e)}**

&lt;2017A&gt; Connect America Fund Phase II recipient?

&lt;2017C&gt; Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2016.

&lt;2018&gt; Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(1)(ii)(A)

Name of Attached Document Listing  
Required Information

&lt;2019&gt; Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(1)(ii)(C)



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Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure compliance with the financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)		
Yes - Attach Certification			
(3010A)	Certification of Public Interest Obligations {47 CFR § 54.313(f)(1)(i)}		150125ny3010.pdf
(3010B)	Please Provide Attachment	Name of Attached Document Listing Required Information	
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	No - No New Community Anchors	
(3012B)	Please Provide Attachment	Name of Attached Document Listing Required Information	
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)	<input checked="" type="radio"/> <input type="radio"/>
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	<input type="radio"/> <input checked="" type="radio"/>
Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:			
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		<input type="checkbox"/>
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	
(3018)	If the response is no on line 3014, is your company audited?	(Yes/No)	<input type="radio"/> <input checked="" type="radio"/>
If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:			
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers		<input type="checkbox"/>
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3021)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit.		<input type="checkbox"/>
If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:			
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers		<input checked="" type="checkbox"/>
(3023)	Underlying information subjected to a review by an independent certified public accountant		<input checked="" type="checkbox"/>
(3024)	Underlying information subjected to an officer certification.		<input checked="" type="checkbox"/>
(3025)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows		<input checked="" type="checkbox"/>
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	150125ny3026.pdf

**(3005) Rate Of Return Carrier Additional Documentation (Continued)**

FCC Form 481

**Data Collection Form**

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	jerry1@latitude-llc.com

**Financial Data Summary**

(3027) Revenue	5004842
(3028) Operating Expenses	4132676
(3029) Net Income	402349
(3030) Telephone Plant In Service(TPIS)	22249446
(3031) Total Assets	8326198
(3032) Total Debt	591978
(3033) Total Equity	4917249
(3034) Dividends	80000

<010>	Study Area Code	150125
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4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission’s public interest obligations. All RBE participants must provide a response to Line 4001.

**4001.** Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

Community Anchor Institutions – FCC 14-98 (paragraph 79)

**4003a.** RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

<b>4003b.</b> Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information	_____
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Broadband Deployment Locations – FCC 14-98 (paragraph 80)

<b>4004a.</b> Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.	Name of Attached Document Listing Required Information	_____
--	--	-------

<b>4004b.</b> Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband speed and data usage allowances available in the relevant geographic area.	Name of Attached Document Listing Required Information	_____
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**Certification - Reporting Carrier  
Data Collection Form**

 FCC Form 481  
 OMB Control No. 3060-0986/OMB Control No. 3060-0819  
 July 2013

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**TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:**

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

<b>Certification - Agent / Carrier Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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**TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:**

<b>Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier</b>	
I certify that (Name of Agent) <u>Latitude Telcom Consultants</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	Latitude Telcom Consultants
Name of Reporting Carrier:	STATE TEL CO
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 06/26/2017
Printed name of Authorized Officer:	Mark Evans
Title or position of Authorized Officer:	VP
Telephone number of Authorized Officer:	5187316128 ext.
Study Area Code of Reporting Carrier:	150125 Filing Due Date for this form: 07/03/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**TO BE COMPLETED BY THE AUTHORIZED AGENT:**

<b>Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier</b>	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	STATE TEL CO
Name of Authorized Agent Firm:	Latitude Telcom Consultants
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 06/26/2017
Name of Authorized Agent Employee:	Jerry Legg
Title or position of Authorized Agent or Employee of Agent	Consultant
Telephone number of Authorized Agent or Employee of Agent:	5184432802 ext.
Study Area Code of Reporting Carrier:	150125 Filing Due Date for this form: 07/03/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

## Attachments

<b>(700) Price Offerings including Voice Rate Data</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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July 2013

<701>	Residential Local Service Charge Effective Date	1/1/2017
<702>	Single State-wide Residential Local Service Charge	

[illegible]

<b>(710) Broadband Price Offerings</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

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<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jerry Legg
<035>	Contact Telephone Number - Number of person identified in data line <030>	5184432802 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jerry1@latitude-11c.com

[illegible]



<b>(800) Operating Companies</b>	FCC Form 481
<b>Data Collection Form</b>	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

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**State Telephone Company**

**Service Quality Standards & Consumer Protection Rules Compliance**

**FCC Form 481, Line 510**

The company complies with applicable service quality standards and consumer protections by (1) maintaining and submitting monthly trouble report data to the New York State Public Service Commission (“NYPSC”); (2) reporting major service interruptions to the NYPSC in a manner consistent with its guidelines; (3) filing local service tariffs with the NYPSC and making rate and service information available to the public upon request; (4) clearly listing all charges and credits on customers’ bills; (5) providing full and prompt investigation of, and response to, customer complaints; (6) providing access to enhanced 911 emergency report centers; (7) participating in statewide system for the hearing impaired; (8) complying with federal CPNI rules and other applicable consumer privacy protection requirements, including training of employees that have access to CPNI on the rules and procedures for protecting account information and authenticating callers; and (9) implementing procedures that are consistent with the FTC’s guidance on measures to detect/prevent identity theft (Red Flag).

In addition, the company complies with applicable consumer protections identified in 47 C.F.R. Part 8 for its broadband internet services including, but not limited to, §8.3, §8.5 and §8.7 addressing transparency, blocking and discrimination protections, respectively.

## **State Telephone Company**

### **Functionality in Emergency Situations FCC Form 481, Line 610**

Each Central Office and each remote facility has an on-demand generator capable of operating for up to 8 hours before refueling.

In addition to supporting its voice network, the company's emergency generators and batteries would also be used to support its broadband network in the event of an extended power outage.

The company's network internally is a fiber optic SONET ring among the two main Central Offices and remote offices.

The company's connection to the Bell Operating Company tandem has sufficient capacity and has never had any capacity issues. In addition, the company has fiber connection to the meet point that is separate and distinct from the copper connection.

## State Telephone Company

### Description of Voice Services Rate Comparability FCC Form 481, Line 1010

Rates in Effect as of: January 1, 2017

Exchange	Residential Local Service Flat Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory EAS Charge	Federal SLC	Total Rate and Fees
Coxsackie	\$16.59	\$0.00	\$0.00	\$0.00	\$6.50	<b>\$23.09</b>
Ravena	\$16.59	\$0.00	\$0.00	\$0.00	\$6.50	<b>\$23.09</b>
						<b>\$0.00</b>
						<b>\$0.00</b>
						<b>\$0.00</b>

As demonstrated in the above table, the company's pricing of fixed voice services is no more than two standard deviations above the applicable national average urban rate for voice services (Reasonable Comparability Benchmark), as published annually by the Wireline Competition Bureau.

Reasonable Comparability Benchmark for Voice Service:

**\$49.51**

**State Telephone Company**

**Description of Broadband Services Rate Comparability  
FCC Form 481, Line 1030**

**Rates in Effect as of:** January 1, 2017

<b>Residential Rate</b>	<b>State Regulated Fees</b>	<b>Total Rate</b>	<b>Download Speed (Mbps)</b>	<b>Upload Speed (Mbps)</b>	<b>Usage Allowance, if applicable (GB)</b>
59.95	0	\$59.95	25	5	N/A

As demonstrated in the above table, the company's broadband service pricing is no more than the applicable benchmark (Reasonable Comparability Benchmark), as published annually by the Wireline Competition Bureau, or is no more than the non-promotional price charged for a comparable fixed wireline service in urban areas.

**Reasonable Comparability Benchmark for Broadband Service:** **\$90.77**

**STATE TELEPHONE COMPANY**

**LINE 1210 ATTACHMENT**

## P.S.C. No. 2 - Telephone

New York State Telecommunications Association, Inc.

Section 9  
Second Revised Page 3  
Superseding First Revised Page 3

## SPECIAL EQUIPMENT, SERVICES, AND PROGRAMS

## A. LIFELINE TELEPHONE SERVICE

## 1. Lifeline Telephone Service Options

## a. Description

## 1. Lifeline Discounted Service

This service provides a flat rate federal discount of \$9.25, consisting of a \$6.50 reduction of the Federal Subscriber Line Charge and a \$2.75 reduction in the monthly rate for local exchange telephone service for residential customers. Qualified customers may choose any type or grade of local telephone service, including bundled services that are normally offered by the Company.

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(C)

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## 1 A. Additional Lifeline Discount

This service provides the discount as outlined in A.1.a.1 above and may provide an additional discount equal to the serving company's increase in residential basic local exchange service, as authorized by the NYS Department of Public Service in Case No. 07-C-0349, released March 4, 2008, whereby the NY Commission authorized certain companies to increase basic local service rates up to \$2.00 per year for 2 years. The discount can be found on Addendum 1 of the individual Company tariff for those companies offering the Additional Lifeline Discount.

Date Issued: May 30, 2012

Date Effective: July 1, 2012

Issued by: Caroline Hill, Director Tariffs

NYSTA, Inc., 20 Corporate Woods Boulevard, Albany, NY 12210

P.S.C. No. 2 - Telephone

New York State Telecommunications Association, Inc.

Section 9  
First Revised Page 3.1  
Superseding Original Page 3.1

SPECIAL EQUIPMENT, SERVICES, AND PROGRAMS

A. LIFELINE TELEPHONE SERVICE

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Date Issued: May 30, 2012

Date Effective: July 1, 2012

Issued by: Caroline Hill, Director Tariffs

NYSTA, Inc., 20 Corporate Woods Boulevard, Albany, NY 12210



## P.S.C. No. 2 - Telephone

New York State Telecommunications Association, Inc.

Section 9  
First Revised Page 4  
Superseding Original Page 4

## SPECIAL EQUIPMENT, SERVICES, AND PROGRAMS

## A. LIFELINE TELEPHONE SERVICE (cont'd)

## 1. Lifeline Telephone Service Options (cont'd)

## b. General

Qualified customers may choose to apply the federal Lifeline credit to any of the company's local service offerings, including any local bundled service offering, basic local service, or message rate service. Message rate Lifeline service is available only where central office facilities permit.

For connection of new service, service connection charges apply unless the customer qualifies for connection assistance under the Tribal Lands Link Up program.

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Service connection charges do not apply to change existing service from:

(C)

1. Message or flat rate services to Lifeline service.

2. Lifeline service to non-Lifeline services.

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*Issued in Compliance with FCC Order in Dockets: WC Docket No. 11-42, WC Docket No. 03-109, CC Docket No. 96-45, WC Docket No. 12-23*

Date Issued: March 29, 2012

Date Effective: April 29, 2012

Issued by: Robert R. Puckett, President

NYSTA, Inc., 20 Corporate Woods Boulevard, Albany, NY 12211

## P.S.C. No. 2 - Telephone

New York State Telecommunications Association, Inc.

Section 9  
First Revised Page 4.1  
Superseding Original Page 4.1

## SPECIAL EQUIPMENT, SERVICES, AND PROGRAMS

## A. LIFELINE TELEPHONE SERVICE (cont'd)

## 2. Regulations

- a. These services are restricted to low income residential customers. To qualify for Lifeline service a customer must certify and provide documentation as income eligible. For a consumer to be eligible under the income requirements, the consumer's household income as defined in § 54.400(f) of the FCC Rules must be at or below 135% of the Federal Poverty Guidelines for a household of that size or a recipient of benefits from any one of the following Entitlement Programs: (C)
1. Medicaid; (C)
  2. Supplemental Nutrition Assistance Program (SNAP) F/K/A Food stamps;
  3. Supplemental Security Income;
  4. Federal Public Housing Assistance (Section 8);
  5. Low-Income Home Energy Assistance Program (LIHEAP);
  6. National School Lunch Program's free lunch program;
  7. Temporary Assistance for Needy Families/SafetyNet; (C)
  8. Veterans Disability Pension
  9. Veterans Surviving Spouse Pension

*Issued in Compliance with FCC Order in Dockets: WC Docket No. 11-42, WC Docket No. 03-109, CC  
Docket No. 96-45, WC Docket No. 12-23*

Date Issued: May 30, 2012

Date Effective: July 1, 2012

Issued by: Robert R. Puckett, President

NYSTA, Inc., 20 Corporate Woods Boulevard, Albany 12211

## P.S.C. No. 2 - Telephone

New York State Telecommunications Association, Inc.

Section 9  
First Revised Page 5  
Superseding Original Page 5

## SPECIAL EQUIPMENT, SERVICES, AND PROGRAMS

## A. LIFELINE TELEPHONE SERVICE (cont'd)

## 2. Regulations (cont'd)

b. The Lifeline discount is effective upon receipt of a completed form of eligibility. If the form is not returned, no further action is taken by the Company to establish eligibility.

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c. The Company, in coordination with appropriate agencies and the Lifeline Customer, will require Lifeline customers to be re-certified, on an annual basis. Lifeline customers will need to certify that they continue to be eligible to receive these Lifeline benefits and that they are not receiving benefits from another company. If, a customer is identified as being ineligible, the customer will be notified that unless the information is shown to be in error, the Lifeline discount will be discontinued. The customer will be billed for discounts received for the time that they were proven to be ineligible for the service.

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## 3. Locality Charge Waiver

Customers receiving Lifeline Telephone Service will have applicable locality charges waived each month while they are receiving the Lifeline Assistance.

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## 4. Voluntary Toll Blocking (Restriction)

Customers receiving Lifeline service can voluntarily request and receive toll blocking (call restriction), third number billing/collect call restriction without a monthly charge. There will be no record order charge to add these types of restrictions (blocking).

*Issued in Compliance with FCC Order in Dockets: WC Docket No. 11-42, WC Docket No. 03-109, CC Docket No. 96-45, WC Docket No. 12-23*

Date Issued: March 29, 2012

Date Effective: April 29, 2012

Issued by: Robert R. Puckett, President

NYSTA, Inc., 20 Corporate Woods Boulevard, Albany, NY 12211

Company Name:

State Telephone Company, Inc.

Calendar Year:

2016

**LIFELINE PROGRAM SERVICES (1200)**

Rates in effect as of: **January 1, 2017**

Provide the following information for any service plans offered to Lifeline customers

Service or Package Name	Non-Discounted Rate	Lifeline Discount enter as (-)	Discounted Lifeline Rate	Total Minutes Provided	Description of Additional Toll Charges (if any)
Coxsackie	\$16.59	-\$11.75	\$4.84	N/A	N/A
Ravena	\$16.59	-\$11.75	\$4.84	N/A	N/A
			\$0.00		
			\$0.00		

Company Name: State Telephone Company, Inc.  
Calendar Year: 2016

**MILESTONE CERTIFICATION (3010)**

As required by 47 C.F.R. Section 54.313(f)(1)(i):

I certify that I am an officer of the reporting carrier and that the carrier has taken reasonable steps to provide, upon reasonable request, broadband service at actual speeds of 10 Mbps downstream and 1 Mbps upstream, with latency suitable for real-time applications, including Voice over Internet Protocol, and usage capacity that is reasonably comparable to reasonably comparable offerings in urban areas, and that requests for such service are met within a reasonable amount of time.

Name of Reporting Carrier: State Telephone Company, Inc.

Signature of Authorized Officer:



Date: 6/2/2017

Printed Name of Authorized Officer:

Mark R. Evans

Title or Position of Authorized Officer:

Vice President

Telephone Number of Authorized Officer:

(518) 731-6128

Study Area Code of Reporting Carrier:

150125

**REDACTED – FOR PUBLIC INSPECTION**

**STATE TELEPHONE COMPANY**

**LINE 3026 ATTACHMENT**

**ATTACHMENT REDACTED IN ITS ENTIRETY**